CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

TATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received

C GPlease type or print in ink.

ublic Document

NAME (LAST) (MIDDLE) DAYTIME TELEPHONE NUMBER Brian Oneto MAILING ADDRESS STREET CITY STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS (Business Address Acceptable)

1. Office, Agency, or Court
Name of Office, Agency, or Court:
Amador County
Division, Board, District, if applicable:
Board of Supervisors
Your Position:
Supervisor
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: see attached list
Position: Alternate
Position:
2. Jurisdiction of Office (Check at least one box)
State
County of
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is/, through December 31, 2009.
Leaving Office Date Left://(Check one)
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/, through the date of leaving office.
Candidate Election Year:

4. Schedule Summary
► Total number of pages including this cover page:
► Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
Schedule B
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes – schedule attached Income – Gifts
Schedule E Yes – schedule attached Income – Gifts – Travel Payments
-or-
No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed, (month, day, year)

Signature (File the originally signed statement with your filing official, **Brian Oneto**

Additional Boards and Commissions

January 2009-December 2010

Central Sierra Planning Council (CSPC)

Regional Council of Rural Counties (RCRC) (See attached list of Member Counties)

Mountain Valley Emergency Medical Services Agency (EMSA)

FORM 700 Statement of Economic Interests for Calendar Year 2009 List of Agencies and Member Counties

AMADOR COUNTY

<u>Agency</u> <u>Position</u>

CRHMFA Homebuyers Fund

Rural Health Joint Powers Authority

California Rural Home Mortgage Finance Corp

Environmental Services Joint Powers Authority

California Local Government Finance Authority

Alternate Delegate

Alternate Delegate

Alternate Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolomne County

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Brian Oneto

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE \$2,000 - \$10,000	
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	
► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE \$2,000 - \$10,000	
IF APPLICABLE, LIST DATE:	
/ / 09 / / 09 ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE \$2,000 - \$10,000	
IF APPLICABLE, LIST DATE:	
, , 09 , , , 09	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Brian Oneto

▶ 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
Brian Cineto Timber	Brian Oneto Cattle
Name	Name D. D. C.C.D. / C.L. O.T. C.G.
P.O. Box 95 Drytown, CA 95699	1.0. Box 95 Drytown, CA 95699
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Logging _	Cattle Ranching
FAIR MARKET VALUE J IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE OF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 17 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership	NATURE OF INVESTMENT Sole Proprietorship Partnership
Other Other	Other Other
YOUR BUSINESS POSITION CONTER	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
[12] \$0 - \$499	\$0 - \$499
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
	Cattleman's Livestock Market
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT	☐ INVESTMENT ☐ REAL PROPERTY
1/2100	1/0,00
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Streel Address or Assessor's Parcel Number of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{2}\$\$ \$09	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	700
Name	
Brian Oneto	

HMADOR COUNTY ASSESOYS	
- MUCKUP (DUNTY 1133C SULS	Anador Cany Assesors
CITY	
Parcel #008-130-049-000	Parcel #008-130-048-000
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$2,510,001 - \$100,000	S2,000 · \$10,000 / / 09 / / 09
\$10,001 - \$100,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	
Leasehold	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	\$0 - \$499 \$500 · \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
	1
	iio Willioul legalu lo youl ollicial status. Felsoliai loalis
and loans received not in a lender's regular course of	
NAME OF LENDER*	
NAME OF LENDER. Oseph Vaira Dovis Bentolotti	business must be disclosed as follows:
NAME OF LENDER. SEph Vaira Dovis Bertolotti ADDRESS (Business Address Acceptable)	business must be disclosed as follows:
NAME OF LENDER. OSEPh Vaira Dovis Bentolotti	business must be disclosed as follows:
NAME OF LENDER. Seph Vaira Dovis Bertolotti ADDRESS (Business Address Acceptable)	business must be disclosed as follows:
NAME OF LENDER' DISCRIPTION OF LENDER' ADDRESS (Business Address Acceptable) P.O. BOX LO4 Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
NAME OF LENDER' DISEPTED VIS BENTOLOTT! ADDRESS (Business Address Acceptable) P.O. BOX LOH Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (MORITIS/10015)	NAME OF LENDER* ADDRESS (Business Address Acceptable)
NAME OF LENDER' DISCRIPTION OF LENDER' ADDRESS (Business Address Acceptable) P.O. BOX LO4 Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
NAME OF LENDER' OS Eph Vaira Dov's Bentolotti ADDRESS (Business Address Acceptable) P.O. BOX 104 Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) 4/2 % None 2 years'	business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
NAME OF LENDER* OS Eph Vaira Dovis Bentolotti ADDRESS (Busiless Address Acceptable) P.O. BOX LOH Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months (Fears) 4/2 % None 2 years HIGHEST BALANCE DURING REPORTING PERIOD	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
NAME OF LENDER* OS Eph Vaira Dov's Bertolotti ADDRESS (Business Address Acceptable) P.O. BOX LOH Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months (Fears)) 4/2 % None 2 years HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000 \$1,000	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* OS Eph Vaira Dovis Bertolotti ADDRESS (Business Address Acceptable) P.O. BOX LOH Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months Years) 4/2 % None 2 years HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000 S1,001 - \$10,000 S10,001 - \$100,000 DOVER \$100,000	business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
NAME OF LENDER* OS PAR Vaira Dovis Bentolotti ADDRESS (Business Address Acceptable) P.O. BOX LOH Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months (Fears) 4/2 % None 2 years HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* OS PAR Vaira Dov's Bertolott's ADDRESS (Business Address Acceptable) P.O. BOX LOH Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months (Fears)) 4/2 % None 2 years HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000 \$1,001 - \$10,000 S10,001 - \$100,000 \$000 \$100,000	business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
NAME OF LENDER* OS gok Vara Dovis Bentolotti ADDRESS (Business Address Acceptable) P.O. BOX LOH Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months (Years) 4/2 % None 2 years HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000 S1,001 - \$10,000 S10,001 - \$100,000 POVER \$100,000	business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
NAME OF LENDER* OSEPH Vaira Dov's Benfolotti ADDRESS (Business Address Acceptable) P.O. BOX LOH Drytown, CA 95699 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months (Years)) 4 2 96 None 2 YEARS HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000 S1,001 - \$10,000 S10,001 - \$100,000 POVER \$100,000	business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)

2009

Attachment to Schedule B - Interests in real property Anador County Assessors
Parcel #

- P.N. # 008-130-017 Value \$ 100,000 \$ 1,000,000.

 16850 State Highway 49 Plymouth, CA

 Ownership.
- P.N. # 008-140-001-000 Value \$10,000-\$100,000
- .PN.# 010-032-008-502 value under \$2,000 ownership-mineral rights only.
- P.N.# 010-061-013-502 Value under # 2,000 ownership-mineral rights only.
- P.N.# 010-062-002-502 Value under \$2,000 ownership-mineral rights only.
- P.N. # 021-100-070-000 Value \$10,000-\$100,000 ownerskip.
- .P.N.# 030-040-022-000 Value \$10,000-\$100,000 ownership.
- P.N.# 030-050-016-000 Value \$10,000-\$100,000 Ownerskip
 - 030-050-058-000 Value \$10,000-\$100,000

2009

Attachment to Schedule B- Interests in real property Amador County Assessor's Parcel #

1.P.N. # 030-040-035-000 Value \$10,000-\$100,000 ownership.

P.N. # 040-030-078-000 Value #10,000-\$100,000

P.N.# 860-000-186-000 Value #2,000 - #10,000 ownership-mining claims on Bureau of Land Wanagement hands.

P.N.# 025-020-026 Value \$10,000-\$100,000 ownership

.P.N.# 025-050-016 Value \$ 2,000 -\$10,000

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Brian Oneto

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 · \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered damestic partner's income
Loan repayment	Loan repayment
Sale of (Property, car, boar, etc.)	Sale of(Property, car, boar, stc.)
property, cat, boat, etc.)	(Property, car, coat, stc.)
Commission or Rental Income, tisr each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	COIS
of a retail installment or credit card transaction, made	I lending institutions, or any indebtedness created as pa e in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
MONIFOX DATABASE DIVINIO REPORTENCE SECTION	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
S500 - \$1,000	City
S1,001 - \$10,000	Guarantor
\$10,001 - \$100,0 0 0	
OVER \$100,000	Other (Describe)
	(Describe)
Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Brian Oneto

NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 667 Hymath, CA 95669 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wineries Advocate	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) Bottle wine	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
61. 122.09 3500 1. Onner troket	
02 14:09,50 Event Belief the Celler E	PP \$
10_3_09_50 Event Big Crush	
NAME OF SOURCE	➤ NAME OF SOURCE
AMador County Wine Grape Growers Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 718 Plynock, CA 95669 BUSINESS ACTIVITY, IF ANY, OF SOURCE	
ine Grape Grower Association	SUSINESS ACTIVITY, IF ANY, OF SOURCE
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) OF 131,09 50 Wine fashing event	
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Brian Oneto	

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE REGIONAl Carcil of Rural Counties Appress (Business Address Acceptable)	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K Street Suite 1650	CITY AND STATE
Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S) <u>OL 10L 109 12 131 109</u> AMT: \$ <u>//8.52</u> (16 applicable)	DATE(S):
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
DESCRIPTION: Merel expenses related to Iduateer Services on the RCRC Board.	DESCRIPTION:
➤ NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION;	DESCRIPTION:
Comments:	

County: Amador
Delegate: Brian Oneto

ltem

Meals provided at meetings:	<u>Amount</u>	
Prior year expenses pd in 2009		
Board Meeting: January	23.15	
Executive Meeting: February	7.49	
Board Meeting: March	24.79	
Executive Meeting: April	14.83	
(Sutter) Board Meeting Dinner: June	53.12	
Executive Meeting: July	No lunch	
Board Meeting: August	17.15	
(Annual Conference Squaw Valley) Board Meeting Breakfast: Sept	50.37	
Executive Meeting Bkft & Lunch: Oct	21.48	
Executive Meeting: Dec	12.25	
Board Meeting: Dec	24.96	
January Annual Dinner* Reception 15.33 Dinner 103.19 118.52		118.52
* Price is for Supervisor only. Double amount if spouse/guest attended also.	•	

Expense Reimbursements	To Delegate:	
•	To County for Delegate:	
Expenses paid by RCRC on behalf of Supervisor:		
	Jan Lodging:	
June (Sutter) Board	meeting lodging & meals	- , ,
	March NACO Wash D.C:	
May N	ACO WIR Pendleton OR:	
	July NACO NashvilleTN:	
	Nov CSAC Monterey CA:	
Seminar R	egistration/Memberships:	- →
Sup	ervisor Travel and Meals:	
	Gifts - \$420 limit:	
	Awards - \$250 limit:	
	Plaque:	
	Total Expenses:	118.52

Please record on your SCHEDULE - E